

CITY OF GLYNDON

PO Box 223, 36 3rd St S, Glyndon, MN 56547
(218) 498-2578 or Fax (218) 498-2579

NEW CONSTRUCTION RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST

Address of Building Site:
Parcel Number:
Legal Description:

Proposed Construction Start Date:
Type of Structure: ___ Rambler ___ Bi-Level ___ Split Level ___ 2 Story ___ Twin Home
Estimated Value:
Applicant is : Owner ___ Licensed Contractor ___
Property Owner Name: _____ Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____

Contractor Name: _____ Phone Number: _____ License #: _____
Mechanical Contractor Name: _____ Phone Number: _____
Plumbing Contactor Name: _____ Phone Number: _____

Type of Foundation:
Size of Building (Dimensions):
Total Height of Structure:
Lot Square Footage:
Sq. Footage of Main Level: _____ Sq. Footage of Garage: _____

******MANDATORY******

*Type of Balanced Mechanical Ventilation System:
*TOTAL VENTILATION RATE:

* A Site Plan must be completed and attached to the blueprints.
* One Set of blueprints with wall section/cross section.
* One Set of Floor Truss and Roof Truss Drawings.

The City of Glyndon requires 24 hours for review. Applicant will be notified of review completion.